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(Early Treatment for HIV Act)

Cost-effective solutions to access to

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**The Voice of TII CANN**

Newsletter for Ryan White funded

service providers and clients

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**FAAP (Federal AIDS Policy Partnership)**

RWCA Reauthorization Work Group

Convening Group

Medicaid/Medicare Work Group

ABAC (AIDS Budget & Appropriations Coalition)

HAP (Hepatitis Appropriations Partnership)

HCAP (Hepatitis C Appropriations Partnership)

**The National ADAP Working Group**

**The FDA Alliance**

CCD (Consortium for Citizens with Disabilities)

ATAC (AIDS Treatment Advocacy Coalition)

"Save ADAP" Workgroup

**CEO: William E. Arnold**

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## **MEDIA ADVISORY**

### **FOR IMMEDIATE RELEASE**

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### **ADAP Tragedy in South Carolina: Three Die While on "Waiting List" for AIDS Treatment**

South Carolina's Health Department confirmed that three people with HIV/AIDS died while on a waiting list for the State AIDS Drug Assistance Program (ADAP). Currently almost 300 ADAP-qualified patients are on the South Carolina waiting list for HIV therapy.

"It's like standing on a track watching the train coming at you, but you can't move," said Kathie Hiers, Chief Executive Officer of AIDS Alabama and a member of a group of advocates, legislators, and public health officials who met in South Carolina earlier this week. "The ADAP waiting list in South Carolina keeps getting longer; they expect it to be about 350 people by the end of the year. The State only provides \$500,000 for their ADAP program, and federal funding has been essentially flat for the last four years. Additionally, the federal Ryan White funding short-changes states like South Carolina that don't have concentrated case counts in a major urban area. In a poor state like this one, it's inevitable that these tragedies will continue to occur, simply due to a lack of resources."

South Carolina's ADAP program currently serves about 1,800 clients. The participants are 67% African-American and 85% earn less than 200% of the federal poverty level (approximately \$19,000 a year).

"I am saddened by this terrible news," stated Congresswoman Donna Christensen MD, Chair of the Congressional Black Caucus Health Braintrust. "We must do a better job of raising awareness among and achieving more action from federal legislators to address the funding crisis for ADAP or we are likely to see even more people pass away – as they did a few years ago in Kentucky and West Virginia – while waiting for ADAP access to today's successful HIV treatments."

"We have been asking for \$197 million in additional federal funding for next year's ADAP budget. This would be enough to fund a year's treatment for about 16,607 new ADAP clients in all States & Territories," states Bill Arnold, Director of the Title II Community AIDS National Network. "At this point, however, ADAP could even be flat funded in FY 2007. If that is the case, we must expect more awful news like this in the coming months.

ADAP is entering month number 8 of its inadequate FY 06 federal funding.

**The Ryan White CARE Act, Title II, Community AIDS National Network, Inc.**

**A 501(c)(3) Policy & Program Information Exchange & Support Organization for AIDS/HIV Education, Advocacy, Support & Action.**

Many states already have ADAP waiting lists or have announced the need for other program reductions in the coming months. The handwriting is on the wall,” elaborates Arnold. “Communities in South Carolina are just the first – and not the last, if resources are not quickly found – to have to deal with the human tragedy issues of inadequate domestic ADAP & HIV/AIDS resources.”

“The saddest part of this,” stated US Representative Maurice Hinchey, “is that everyone in Congress is well aware that these drugs save lives. It isn’t ignorance; instead it’s a dangerous incapacity in Congress to be able to prioritize saving human lives. The New York House delegation –Democrats and Republicans - asked for \$105 Million in ADAP emergency funding six months ago. Congress knows the ADAP need, they just haven’t acted on the obvious. Thus, thousands of local communities dealing with HIV/AIDS are left holding the bag.”

“The ADAP waiting lists are the tip of the iceberg. There are thousands with people with HIV who are not being treated in America that aren’t even on waiting lists. This is unacceptable when the federal government is spending billions of dollars every year on HIV/AIDS. Congress must provide the necessary funding to care for these and other Americans who lack proper health care in a fiscally responsible manner. This requires making tough decisions such as abandoning the billions of dollars in ‘pork’ projects and earmarks contained in the appropriations bills we will vote on later this month in order to provide treatment that could literally be the difference between life and death for thousands of our fellow Americans,” says United States Senator Tom Coburn, M.D.

“As this painful story unfolds in South Carolina the local coalition – The South Carolina HIV/AIDS Care Crisis Task Force – of local HIV/AIDS stakeholders devoted to finding a solution at the grass roots level deserves the support of everyone, everywhere, in the United States who is committed to fighting the battle against AIDS here in the United States” said Bill Arnold of TII CANN. “Despite this tragedy in South Carolina, we can take solace in the fact that people are out there, working hard to get the resources to prevent these tragedies from happening again – anywhere in America.”

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